

Sponsor Name: _____ Sponsor Address: _____ _____ Sponsor Number: _____		Claim Period Covered MONTH YEAR <div> <div></div><div></div> <div></div><div></div><div></div><div></div> </div> (2)		Number of Sites <div> <div></div><div></div><div></div> </div> (3)		Total Days Food Served During Month <div> <div></div><div></div> </div> (4)		Average Daily Participation <div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> (5)	
Food Service by Type to Eligible Children Only (Report only meals meeting requirements)		Food Service by Type to Adults Only (Total number of meals served)							
		Adults Working in Program				All Other Adults			
6. Breakfast	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	11.	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	16.	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>				
7. Lunch	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	12.	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	17.	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>				
8. Supper	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	13.	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	18.	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>				
9. Supplement	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	14.	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	19.	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>				
TOTAL	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	15.	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	20.	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>				

INCOME TO FOOD PROGRAM-Funds Received During Month From: (Round to nearest dollar, do not use cents)

21. Adult Payments for meals (Program Adults Only) if a charge is made (line 11-14)						
22. Federal grant monies (do not include Federal Reimbursement received from NHS) used to pay food cost						
23. Non-Federal monies received from State, County or local governments, if someone or organization give you money						
24. Cash donations or grants from benevolent organizations or individuals, if someone or organization gives you money						
25. Interest earned (if any) on Federal advanced payments						
26. TOTAL						

TOTAL OPERATING COST – Allowable Expenditures During the Month for: (Round to nearest dollar, do not use cents)

[illegible]

I certify that the information on this claim is true and correct to the best of my knowledge. The records are available to support this claim. That it is in accordance with the items of the existing agreement and that payment therefore has not been received. I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and Federal criminal statutes.

Signature of Sponsor	Title	Date	Areal Code and Phone Number ()
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STATE AGENCY USE ONLY					
34. Advance Funding for Program Cost for _____(Month)	1	2	3	4	5
35. Advance Funding for Administrative Cost for _____(Month)	1	2	3	4	5

SUMMER FOOD SERVICE PROGRAM

Instructions For Completing Corrected Report and Claim For Reimbursement

Report data for one calendar month only. Amount of payment will be computed by State Agency using rates of reimbursement. Ensure that you round all amounts to the nearest dollar and that the claim is signed.

Corrected claims completed before the 15th of the month should be corrected online (<https://cdcbps.ky.gov/NHS-Main/>). Corrected claims completed after the 15th of the month should be faxed (502/564-8919) to the State Agency by the 30th of the month and must be accompanied with a Corrective Action Plan (<http://nhs.ky.gov/cacfp.htm>).

Enter **corrected** information only.

INDIVIDUAL ITEM INSTRUCTIONS:

- Item (1) Print the nine (9)-digit sponsor number, name and address.
- Item (2) Enter two (2) digits for month and two digits for year for which claim is applicable.
- Item (3) Enter total number of sites operating during the month.
- Item (4) Enter total number of days food service was provided during the month.
- Item (5) Enter Average Daily Participation during the month.

FOOD SERVICE BY TYPE TO PARTICIPANTS ONLY:

- Item (6) Enter total number of Breakfasts served to participants during the month if these meals meet USDA requirements.
- Item (7) Enter total number of Lunches served to participants during the month if these meals meet USDA requirements.
- Item (8) Enter total number of Suppers served to participants during the month if these meals meet USDA requirements.
- Item (9) Enter total number of Supplements served to participants during the month if these meals meet USDA requirements.
- TOTAL Enter total of items (6), (7), (8), and (9).

FOOD SERVICE BY TYPE TO PROGRAM ADULTS ONLY:

- Item (1) Enter total number of Breakfasts for the month served to program adults who performed necessary labor in support of the Program.
- Item (12) Enter total number of Lunches for the month served to program adults who performed necessary labor in support of the Program.
- Item (13) Enter total number of Suppers for the month served to program adults who performed necessary labor in support of the Program.
- Item (14) Enter total number of Supplements for the month served to program adults who performed necessary labor in support of the Program.
- Item (15) Enter total of items (11), (12), (13), and (14).

FOOD SERVICE BY TYPE TO NON-PROGRAM ADULTS ONLY:

- Item (16) Enter total number of Breakfasts for the month served to non-program adults who did NOT perform any necessary labor to support the Program.

- Item (17) Enter total number of Lunches for the month served to non-program adults who did NOT perform any necessary labor to support the Program.
- Item (18) Enter total number of Suppers for the month served to non-program adults who did NOT perform necessary labor in support of the Program.*
- Item (19) Enter total number of Supplements for the month served to non-program adults who did NOT perform any necessary labor to support the Program.
- Item (20) Enter total of items (16), (17), (18), and (19).

***INCOME TO FOOD PROGRAM**

- Item (21) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (22) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (23) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (24) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (25) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (26) Enter a zero (0) due to the Simplified Summer Procedure.

***TOTAL OPERATING COST**

- Item (27) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (28) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (29) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (30) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (31) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (32) Enter a zero (0) due to the Simplified Summer Procedure.
- Item (33) Enter a zero (0) due to the Simplified Summer Procedure.

Sign, enter: Title, Date, and Phone Number. Fax Corrected Action Plan and Corrected Claim to (502) 564-5519.

Fax Corrective Action Plan and Corrected Claim to (502) 564-5519.

***Due to USDA Simplified Summer Claims, sponsors are not required to complete these sections when submitting a claim online. However, records must be kept on file for audit/review purposes.**